



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
1830 College Parkway, Suite 100
Carson City, NV 89706
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

TERRY JOHNSON
Director

ASSOCIATED LICENSEE

LOAN MODIFICATION CONSULTANT, FORECLOSURE CONSULTANT AND COVERED SERVICE PROVIDER – APPLICATION FOR RENEWAL OF LICENSE AND CHECKLIST

Mail to the Division of Mortgage Lending at the above address.

The undersigned hereby makes application to the Commissioner of the Division of Mortgage Lending for renewal of a license as an associated licensee of the following independent licensee (check one box):

(Please note that the forms and fees for all license types are identical.)

- ☐ Covered Service Provider
☐ Foreclosure Consultant
☐ Loan Modification Consultant

I acknowledge that all documents filed in connection with this application are deemed to be public records, unless provided otherwise by law, and open to public inspection.

1. Associated Licensee Applicant Information:

Associated Licensee's License No.: _____

(Available on the Division's website, Licensee Records)

Associated Licensee's Full Legal Name:

First	Middle	Last
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Home Address:	Street	City	State	Zip
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Home Phone:	Cell Phone:
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Social Security No.: _____ (Mandatory)	E-Mail: _____ (Mandatory)
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2. Employing Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) Information:

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) With Whom the Applicant Will be Associated: _____

Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee) License No.: _____

Address: _____

Telephone No.: _____ Street _____ City _____ State _____ Zip _____
(Must be a Local Land Line) Fax No.: _____

E-Mail: _____
(Mandatory)

3. Required Items (Incomplete applications will not be processed) - Checklist:

- ☐ Child Support Statement. (Required regardless of any support obligations pursuant to NRS 425.520 and Sec. 126 of R052-09.)
- ☐ Personal Disclosure Form (including an explanation of "Yes" answers) completed, signed and notarized.
- ☐ Certificate(s) of completion evidencing compliance with continuing education requirements, as follows:
 - If the applicant is applying for renewal of a covered service provider license, 10 hours of instruction (live or on-line).
 - If the applicant is applying for renewal of a foreclosure consultant license, 7 hours of instruction (live or on-line).
 - If the applicant is applying for renewal of a loan modification consultant license, 5 hours of instruction (live or on-line).

The 10, 7 and 5 hours of instruction, respectively, must include, at a minimum:

- 2 hours of professional ethics, which must include instruction on fraud, consumer protection and fair lending issues;
- 2 hours of federal law and regulations relating to mortgage lending; and
- 1 hour of Nevada law and regulations relating to Chapter 645F of NRS and Chapter 645F of NAC or other Nevada law and regulations relating to mortgages.

- ☐ A **\$75.00** non-refundable reinstatement fee must be submitted if either:
 - (i) This renewal application or any of the items required herein are submitted after the renewal date; or
 - (ii) This renewal application is deficient (i.e., not all required items are submitted.)
- ☐ Applications will not be processed if the applicant has failed to pay all fees, assessments and/or fines owed.
- ☐ **\$170.00** non-refundable application fee. (Make check payable to "Division of Mortgage Lending.")
- ☐ **\$25.00** non-refundable fee for the annual AG assessment. (Make check payable to "Division of Mortgage Lending.")

4. Annual Expiration of License; Renewal; Cancellation; Reinstatement:

Pursuant to Sec. 25(1) of R052-09, a license issued pursuant to Chapter 645F of NRS and Chapter 645F of NAC expires each year on July 1st, unless it is renewed. Pursuant to Sec. 25(2) of R052-09, if the holder of the license fails to submit to the Division all required items on or before May 31st of any year, the license is cancelled as of July 1st of that year. Pursuant to Sec. 25(2) of R052-09, the Commissioner may reinstate a cancelled license upon certain conditions.

Within 6 months of the expiration of his license, a licensee may make application for reinstatement of his license. A licensee may not perform any 'covered services,' as defined in Chapter 645F of NRS and the regulations promulgated thereunder, until the Commissioner approves the reinstatement of the license and the Division's records reflect that the license is active.

Original or "wet" signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11" paper. White-out and/or correction tape is/are not permitted.

I, the undersigned, state that I am authorized to sign the within Associated Licensee – Loan Modification Consultant, Foreclosure Consultant and Covered Service Provider – Application for Renewal of License and Checklist ("application"); that I have read and signed this application and know the contents thereof and that the statements made therein are true. By signing below, I represent that I have personally completed this application and verified the information contained herein.

I understand that the applicant will be required to comply with all prescribed standards for licensure adopted pursuant to R052-09.

I acknowledge that all fees paid to the Division in connection with this application are non-refundable.

Applicant's Signature: _____

Print or Type Name: _____

Date: _____

Subscribed and sworn to before me the _____ day of _____, 20____

Notary public in and for the County of _____, State of _____

My commission expires _____

Notary Signature _____

Notary Seal

Pursuant to Sec. 19(1)(f) of R052-09, the following is a statement from the loan modification consultant, foreclosure consultant or covered service provider (independent licensee) with whom the applicant will be associated.

ACKNOWLEDGMENT OF INTENT TO EMPLOY

Verified Statement - To Be Completed By Loan Modification Consultant,
Foreclosure Consultant or Covered Service Provider (Independent
Licensee) Associating With or Employing Applicant

This is to certify that I am a duly licensed loan modification consultant, foreclosure consultant or covered service provider (independent licensee) on active status with authority to sign. It is my present intent to re-employ or associate with me the within-named loan modification consultant, foreclosure consultant or covered service provider (associated licensee) applicant.

If a license is issued to the within-named applicant as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee), I represent and agree that I will be responsible for the activities of the applicant as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee) by exercising careful supervision over his/her activities while he/she is associated with or employed by me.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Name of Loan Modification Consultant, Foreclosure Consultant or Covered Service Provider (Independent Licensee): _____

By: _____
Authorized Signatory

Name of Authorized Signatory (print or type): _____

Date: _____

Original or "wet" signature required.



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CHILD SUPPORT STATEMENT

You are required to complete this Child Support Statement and return it with your application. **Failure to submit a fully completed and signed Child Support Statement will result in the application for licensing being denied.** (NRS 425.520, NRS 645A.025, NRS 645B.023, NRS 645B.420, NRS 645E.210 and Sec. 21 and 126 of R052-09)

Please check one box:

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am** subject to a court order for the support of one or more children and **am in compliance** with the order or I am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I **am** subject to a court order for the support of one or more children and **am not in compliance** with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Full Legal Name (printed)

Social Security Number

Signature of Applicant

Date



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PERSONAL DISCLOSURE FORM – ASSOCIATED LICENSEE
(For Renewal Purposes Only)

This Personal Disclosure Form – Associated Licensee (For Renewal Purposes Only) is to be completed by a natural person applying for renewal of a license as a loan modification consultant, foreclosure consultant or covered service provider (associated licensee).

Print or type an answer to every question. If a question does not apply, please mark the section N/A for not applicable. If there is not enough space to answer the question sufficiently, continue on the Explanation Form and mark each answer with the corresponding number of the question. However, attachments are only permitted if additional space is needed. Do not misstate or omit any material fact(s). Such statements made herein are subject to verification.

Original or “wet” signatures are required on all Division documents. All pages must be submitted on 8 ½ x 11” paper. White-out and/or correction tape is/are not permitted.

Applicants are advised that this Personal Disclosure Form is an official document and misrepresentations or failure to disclose information requested may be deemed sufficient cause for the denial or revocation of a license.

You are **required** to provide an explanation for ‘yes’ answers to the questions below. Include the date, charge, agency, location, disposition and explanation, as applicable. Please complete the attached Explanation Form if additional space is needed.

INACCURACIES OR OMISSIONS MAY RESULT IN DENIAL OR DELAY
IN PROCESSING YOUR APPLICATION

- a. Have you **ever** been charged, arrested, convicted of, or pled guilty or nolo contendere (“no contest”) to any felony or misdemeanor in any domestic, foreign or military court? You must include all convictions, whether sealed or expunged, as well as explanations related to charges which were dismissed, denied, withheld, pled down, or other action taken in your response.

☐ Yes ☐ No

If the answer is “Yes,” please explain in detail all charges, arrests, convictions and pleas, including the jurisdictions and dispositions.

- b. Have you *ever* had an administrative action taken by, or entered into any settlement agreement with, any federal, state or local governmental agency, whether in a civil or criminal matter?

☐ Yes ☐ No

If the answer is "Yes," give details:

- c. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) *ever* had conditions placed upon a privileged or professional license or registration, or had a privileged or professional license or registration that was issued in the State of Nevada or any other state, district or territory of the United States or any foreign country denied, suspended or revoked by any local, state, federal or other regulatory entity?

☐ Yes ☐ No

If the answer is "Yes," give details:

- d. Have you within the past 10 years made a compromise with creditors, filed a personal bankruptcy petition or been the subject of a voluntary or involuntary bankruptcy petition for an organization while you exercised control over it or held an ownership interest (other than an ownership interest in a publicly-traded company) in it?

☐ Yes ☐ No

If the answer is "Yes," give details:

- e. Has a bonding company *ever* denied, paid out on, or revoked a bond for you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control?

☐ Yes ☐ No

If the answer is "Yes," give details:

- f. Do you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control have any unsatisfied judgments or liens?

☐ Yes ☐ No

If the answer is "Yes," give details:

- g. Do you have a relative that is or has been associated with the mortgage industry in any state? (“Relative” means a spouse or any other person related within the second degree by blood or marriage.)

☐ Yes ☐ No

If the answer is “Yes,” give details:

- h. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control had a civil or criminal record expunged or sealed by a court order?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- i. Have you or any company in which you have ever held an ownership interest (other than an ownership interest in a publicly-traded company) or over which you have exercised control been a party to any past or present civil litigation?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- j. Within the last 12 months, have you been past due on financial obligations which total more than \$3,000.00?

☐ Yes ☐ No

If the answer is “Yes,” give details:

- k. Are you subject to any pending regulatory action in the State of Nevada or any other state?

☐ Yes ☐ No

If the answer is “Yes,” give details:

1. Are you subject to any pending actions that could result in a 'yes' answer to any of the above questions?

☐ Yes ☐ No

If the answer is "Yes," give details:

EXPLANATION FORM (Use this form for explanation and additional space needed to answer questions.)
Copies of this page can be made if more space is needed.

Question Number	Explanation

**BACKGROUND CHECK AUTHORIZATION, RELEASE
AND AGREEMENT TO INDEMNIFY**

By my signature below, I hereby give to the State of Nevada, its directors, officers, employees, agents and representatives (collectively, "the State") my written consent to obtain credit reports and child support information on me and to conduct criminal history and background checks on me, pursuant to applicable law and/or as the Commissioner of the Division of Mortgage Lending ("the Division"), in his sole discretion, may from time to time deem necessary or appropriate. In connection with the criminal history and background checks on me, I understand that I am required, and agree, to provide to the Division a complete set of fingerprints which the Division will forward to the Department of Public Safety for processing and submission to the Federal Bureau of Investigation for its report.

I have filed with the Division an "application" under Chapter 645A, B, E or F of the Nevada Revised Statutes ("NRS") to be licensed or request for approval as a mortgage banker, mortgage broker, mortgage agent, loan modification consultant, foreclosure consultant, covered service provider, escrow agency, escrow agent, qualified employee or key officer/director/majority owner, as applicable. I understand that I am seeking the granting of a privilege and acknowledge that the burden of providing my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism or other action or financial loss which may result from action with respect to this application.

I do, for myself, my spouse, heirs, executors, administrators, successors and assigns, hereby irrevocably and unconditionally release, remise and forever discharge the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against any and all claims, causes of action, damages, demands, debts, judgments, liens, rights, suits, controversies, losses, costs and expenses (including, but not limited to, attorney's fees and costs) (collectively, "claims") of any nature whatsoever, whether known or unknown, suspected or unsuspected, fixed or contingent, in law or equity, which I ever had, now have, may have, or claim to have, arising out of, or in connection with, the within application.

I agree to indemnify and hold harmless the Commissioner of the Division, the Division, the State, its boards, divisions, departments, directors, officers, employees, agents, representatives, and all persons acting by, through, under or in concert with any of them, from and against all claims, damages, losses and expenses (including attorney's fees and costs) arising out of or in connection with the within application.

I, the undersigned, state that I am the person named in the within Personal Disclosure Form; that I have read and signed said Personal Disclosure Form and know the contents thereof; and that the statements made therein are true. By signing below, I represent that I have personally completed this Personal Disclosure Form and verified the information contained therein and have read and agree to the above investigations into my credit history and child support information, and criminal history and background checks.

APPLICANT'S SIGNATURE:	Subscribed and sworn to before me this _____ day of _____, 20____
_____ Signature	Notary public in and for the County of _____, State of _____. My commission expires _____.
_____ Name (print or type)	Notary Signature _____
Date: _____	Notary Seal